



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
OFFICE OF CONTROLLED SUBSTANCES

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

## APPLICATION FOR CONTROLLED SUBSTANCES REGISTRATION ADVANCED PRACTICE REGISTERED NURSES INSTRUCTION SHEET

### General Information

- **You must hold a Delaware Advanced Practice Registered Nurse (APRN) license *with prescriptive authority* before your application for a Delaware controlled substance registration (CSR) will be processed.**
  - If you do not already hold an APRN license, file the [Application for Licensure as an Advanced Practice Registered Nurse](#).
  - If you already hold a Delaware APRN license but do not yet have prescriptive authority, file the [Application for Prescriptive Authority for Advanced Practice Registered Nurse](#).
- If you don't already have prescriptive authority when you file this CSR application, you should receive your CSR 3-4 weeks *after* your prescriptive authority is approved. Please allow the 3-4 weeks to elapse before calling the office.
- Your Delaware CSR and all CSR-related correspondence must be mailed to the same address as your APRN license.
- You need a Delaware CSR to prescribe or to store/dispense controlled substances in Delaware. ***Even if you have a CSR or DEA registration in another jurisdiction, you still need a Delaware CSR to prescribe or to store/dispense controlled substances in Delaware.***
- You need only one Delaware CSR to ***prescribe*** controlled substances in Delaware even if you prescribe controlled substances at more than one Delaware business/practice or more than one location of a business/practice. However, every Delaware location where controlled substances are dispensed/stored must be covered by a CSR. If no other practitioner (e.g., physician), physician assistant or APRN holds a Delaware CSR for any location where you will ***store/dispense***, as well as prescribe, controlled substances, you must file for an additional CSR for the location. See Question 12 of the application.
- When your Delaware CSR is approved, you must file for a [federal DEA registration](#) for Delaware. You must have ***both a Delaware CSR and DEA registration for Delaware*** before prescribing controlled substances in Delaware. A DEA registration in another jurisdiction is not sufficient for prescribing controlled substances in Delaware.
- You may dispense no more than a 72-hour supply of controlled substances. If you dispense the maximum 72-hour supply, you must report to the [Delaware Prescription Monitoring Program](#) (PMP).

### Requirements for All Applicants

- ☐ Submit completed, signed and notarized *Application for Controlled Substances Registration – Advanced Practice Registered Nurse*.
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
  - The total fee depends on how many CSRs you are applying for. Multiply the fee on the [Fee Schedule](#) by the number of registrations applied for in Question 2 of the application (*not* the controlled substance schedule in Question 6).
- ☐ Complete the one-hour [Mandatory Course](#) training on Delaware law, regulation and programs on prescribing and distribution of controlled substances.

- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

*The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.



**For Office Use Only:**

DE License # \_\_\_\_\_  
DEA Check \_\_\_\_\_  
Office Approval \_\_\_\_\_  
Inspection \_\_\_\_\_  
CSR # \_\_\_\_\_

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**APPLICATION FOR CONTROLLED SUBSTANCES REGISTRATION  
ADVANCED PRACTICE REGISTERED NURSE**

**TYPE OF APPLICATION**

1. Show the type of Controlled Substance registration (CSR) application you are filing (check all that apply):  
☐ I am applying for a new (*initial*) CSR. I have never held a Delaware CSR.  
☐ I am *reapplying* for registration because my former Delaware CSR is lapsed. My previous Delaware CSR number was: \_\_\_\_\_  
☐ I am applying for a CSR(s) for another location where controlled substances are stored/dispensed **and** no other practitioner (e.g., physician), physician assistant, or APRN already holds a Delaware CSR for the location.
2. How many CSRs are you applying for? \_\_\_\_\_ **Enclose a [Controlled Substance registration fee](#) for each CSR.**
3. Do you already hold a Delaware Advanced Practice Registered Nurse license? Yes ☐ No ☐ If yes, enter your license number: **L** \_\_\_\_ - \_\_\_\_\_
4. Do you have Prescriptive Authority from the Delaware Board of Nursing? Yes ☐ No ☐  
**If you do not already hold a Delaware Advanced Practice Registered Nurse license with prescriptive authority, allow 3-4 weeks *after* your prescriptive authority is approved to receive your CSR.**
5. Do you have a federal DEA number? Yes ☐ No ☐ If yes, enter number: \_\_\_\_\_  
**When your Delaware CSR is approved, you must then file for a [federal DEA registration](#) for Delaware. You must have both a Delaware CSR and DEA registration for Delaware *before* you prescribe controlled substances in Delaware.**
6. Check the schedule(s) for which you are applying: ☐ II ☐ III ☐ IV ☐ V

**IDENTIFYING INFORMATION**

7. Name: \_\_\_\_\_
8. Other Names Used: None ☐ \_\_\_\_\_  
(Include maiden, prior married, alternate spellings)
9. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male ☐ Female ☐
10. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ **If yes, enter your SSN:** \_\_\_\_\_  
**If no, you must file a [Request for Exemption from Social Security Number Requirement](#).**

**You may dispense no more than a 72-hour supply of controlled substances. If you dispense the maximum 72-hour supply, you must report to the [Delaware Prescription Monitoring Program \(PMP\)](#). For instructions on registering for the PMP, see the [Dispenser's Implementation Guide](#).**

11. Your first CSR covers all Delaware locations where you may **prescribe** controlled substances. Typically, your main practice's location is the address associated with this registration. In the box below, enter the **location** in Delaware to be associated with your first registration.

Enclose a [Controlled Substance registration fee](#) for your first registration.

<b>FIRST REGISTRATION</b>			
<b>Location</b> Address: _____			
Street (No PO Box!)			
_____	DE	_____	
City	State	Zip	
Phone: _____ Email: _____			
Do you intend to <b>store</b> controlled substances for patient administration at this location? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you intend to <b>dispense</b> controlled substances at <i>this</i> location? Yes <input type="checkbox"/> No <input type="checkbox"/>			

12. Do you intend to **dispense** or **store** controlled substances for patient administration at any *other* location(s) in Delaware? Yes ☐ No ☐ **If yes, you must apply for a separate registration for each additional location unless another practitioner already has a controlled substance registration for that location.** Complete the information below for **each** additional location that is **not** covered by a CSR held by another practitioner in your practice. If you need more room, attach an additional sheet with the same information.

Enclose an **additional** [Controlled Substance registration fee](#) for **each** location you list below.

<b>ADDITIONAL REGISTRATION 1</b>			
<b>Location</b> Address: _____			
Street (No PO Box!)			
_____	DE	_____	
City	State	Zip	
Phone: _____ Email: _____			

<b>ADDITIONAL REGISTRATION 2</b>			
<b>Location</b> Address: _____			
Street (No PO Box!)			
_____	DE	_____	
City	State	Zip	
Phone: _____ Email: _____			

<b>ADDITIONAL REGISTRATION 3</b>			
<b>Location</b> Address: _____			
Street (No PO Box!)			
_____	DE	_____	
City	State	Zip	
Phone: _____ Email: _____			

## DISCLOSURES

13. Have you ever been convicted of a felony or misdemeanor under state or federal law relating to the manufacture, distribution or dispensing of controlled substances? Yes ☐ No ☐ **If yes, attach a letter explaining the circumstances of such action.**
14. Have you had any previous registration under the controlled substances act, state or federal, surrendered, revoked, suspended, denied or pending such action? Yes ☐ No ☐ **If yes, attach a letter explaining the circumstances of such action.**

## MANDATORY TRAINING

15. Have you completed the one-hour [Mandatory Course](#) training on Delaware law, regulation and programs on prescribing and distribution of controlled substances? Yes ☐ No ☐

**To ensure consideration of your registration application, the Office of Controlled Substances must receive all of these items:**

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

**Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, allow 3-4 weeks to receive your registration.**

## AFFIDAVIT

I hereby certify that the facts stated in this application, including the statements on the attached schedule, are true, complete and correct and that application is made to obtain a biennial registration pursuant to the Uniform Controlled Substances Act.

I agree to abide to the laws of Delaware and the federal government.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**State of:** \_\_\_\_\_ **County of:** \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

**Signature of Notary:** \_\_\_\_\_

SEAL

**My Commission expires:** \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.**